Hanford Mission Integration Solutions Single Employer Plan 2022 Employee Cost Share

Medical/Vision Contribution Rates

Lavel of Coverses	Kaiser Permanente HMO		
Level of Coverage	Bi-Weekly	Monthly	
Individual	\$102.74	\$222.60	
Individual + 1	\$205.48	\$445.21	
Individual + more than 1	\$323.64	\$701.21	

Lovel of Coverage	Kaiser Permanente PPO		
Level of Coverage	Bi-Weekly	Monthly	
Individual	\$97.72	\$211.72	
Individual + 1	\$195.43	\$423.43	
Individual + more than 1	\$307.80	\$666.91	

Dental Contribution Rates

Level of Coverage	Delta Dental of Washington - Core Basic		
Level of Coverage	Bi-Weekly	Monthly	
Individual	\$5.34	\$11.57	
Individual + 1	\$10.54	\$22.84	
Individual + more than 1	\$16.53	\$35.81	

Lavel of Coverses	Delta Dental of Washington - Buy Up		
Level of Coverage	Bi-Weekly	Monthly	
Individual	\$7.26	\$15.73	
Individual + 1	\$14.42	\$31.25	
Individual + more than 1	\$23.69	\$51.33	